

Rehabilitation Forms & Data Management

Data Requests

- Workers' Compensation Advisory Council Meeting: December 17, 2008

Advised closer monitoring of rehabilitation services.

- Rehabilitation Review Panel Subgroup Meeting: February 25, 2009

Recommended changes to R-8 form to give QRCs credit for their work.

DLI Rehabilitation Data Committee

- Determined data and reporting tools needed to effectively monitor the performance of vocational rehabilitation services and outcomes.

* Two Phases Recommended:

- 1) R-form Changes
- 2) Proactive Monitoring

Phase I: R-form Revisions

- Determined data to be captured in R-2, R-3, and R-8's
- Programming Concerns:
 - a) Conversion of DLI web page PDF's
 - b) IT programming of on-line form submission process
 - c) Reprogramming DLI software to collect data
 - d) Training DLI data entry staff
 - e) Acknowledgement that rehabilitation provider invoice software would take a while to reprogram – thus initial data collected an approximation.

Phase II: Proactive Monitoring

- Report Tool Development:
 - 1) Identification of rehab plans exceeding parameters.
 - 2) Provide performance data on the system as a whole.
 - 3) Be able to run reports from DLI's database.

Rehabilitation Consultation Costs

Service Code: “00”

Associated costs might include:

Referral, related phone calls, mileage, meeting (s), completion of R-forms, releases, and RCR narrative report explaining the basis of the determination of QE or non-QE.

Rehabilitation Rights and Responsibilities of the Injured Worker



PRINT IN INK or TYPE
ENTER DATES in MM/DD/YYYY format.

DO NOT USE THIS SPACE

WIC or SSN	DATE OF INJURY
7654321	10/31/2008
EMPLOYEE NAME	
DOLLY LABOR	

The purpose of vocational rehabilitation is to assist you (the injured worker) so that you may return to your former job, to a job related to your former employment, or to a job in another work field. The job should be physically appropriate and produce an economic status as close as possible to that which you would have enjoyed without disability.

The first step in this return to work process is a Rehabilitation Consultation with a Qualified Rehabilitation Consultant (QRC) to determine if you qualify for rehabilitation services. If the QRC determines that you are qualified, the next step is the development of a rehabilitation plan. Your QRC will help you develop and implement this plan. Consideration will be given to your former employment, the current labor market and your qualifications, including transferable skills, previous work history, age, education and interests.

YOUR RIGHTS

Under the provisions of the Minnesota Workers' Compensation Law, you (the injured worker) **have certain rehabilitation rights. These rights include:**

- Selection of your own Qualified Rehabilitation Consultant (QRC). The employer/insurer will generally refer you to a QRC. You may choose your own QRC up to 60 days after a written rehabilitation plan is filed with the State. Any further change of QRC must be mutually agreed upon or determined to be in the best interest of the parties by the Commissioner or a compensation judge.
- When a QRC first meets or writes to contact you, he or she is required to disclose to you in writing, any affiliation or ownership interest between the QRC (or the QRC firm) and your employer, any workers' compensation insurer or adjusting company. The QRC is also required to disclose to you and all parties to a case, any affiliation or business referral arrangement, documented or not, between the QRC (or the QRC firm) and any other parties to the case, including attorneys and doctors.
- If the QRC determines that you are eligible for vocational rehabilitation, a rehabilitation plan, which may include training if needed, will be developed. The rehabilitation services required to carry out the plan will be provided at no cost to you.
- The right to request a change in your rehabilitation plan.
- The QRC must provide copies of your rehabilitation plan, required rehabilitation reports and progress records to you and the other parties and attorneys. An exception is that progress records need to be sent to the employer only upon the employer's request. 522B.1502, subp. 3.
- The right to request assistance from the Safety and Workers' Compensation Division of the Minnesota Department of Labor and Industry. If you have questions about your rehabilitation plan, call 651-284-5032 or 800-342-5354. If there is a dispute about your eligibility for statutory rehabilitation services or the rehabilitation plan, you may file a Rehabilitation Request and the Department may schedule an administrative conference in order to resolve the dispute.

Mail or fax completed copy to:
Department of Labor and Industry
PO Box 54221
St. Paul, MN 55164-0221
(651) 284-5030 or 1-800-342-6354 (DIAL-ULI)
Fax: (651) 204-5731

Rehabilitation Consultation Report

ENTER DATE(S) IN MM/DD/YYYY Format



DO NOT USE THIS SPACE

1. WID or SSN 7654321		2. DATE OF INJURY 10/31/2008	
3. EMPLOYEE NAME DOLLY LABOR			
4. EMPLOYEE ADDRESS 1001 LOIS LANE			
CITY LINO LAKES	STATE MN	ZIP CODE 55024	5. EMPLOYEE PHONE # (651) 123-1234
6. EMPLOYER NAME WIAIMHERE LOGISTICS		7. EMPLOYER CONTACT SALLY FORTH	8. EMPLOYER PHONE # (651) 123-0000
9. INSURER CLAIM NUMBER WC 84221		4. QRC NAME BETTY KANT	
10. INSURER/SELF INSURER/TPA MIDWESTERN SOLUTIONS INSURANCE		15. QRC FIRM KANT REHABILITATION	
11. INSURER ADDRESS 22 TWAIN AVENUE		16. QRC ADDRESS 10 WAYS BLVD.	
CITY MINNEAPOLIS	STATE MN	ZIP CODE 55003	CITY TUBEDONE
			STATE MN
			ZIP CODE 55000
12. CLAIM REPRESENTATIVE DEE N L E	13. CLAIM REP PHONE # (651) 222-3344	17. QRC # 313	18. QRC FIRM # 0200
			19. QRC PHONE # (612) 414-4455
20. In my opinion, the employee is permanently precluded or likely to be permanently precluded from engaging in the employee's usual and customary occupation or from engaging in the job this employee had at the time of injury. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
21. In my opinion, the employee is reasonably expected to return to suitable gainful employment with the date of injury employer. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
22. In my opinion, the employee is reasonably expected to return to suitable gainful employment through the provision of rehabilitation services, considering the treating physician's opinion of the employee's work ability. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23. I have consulted with the date-of-injury employer regarding the above issues. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24. Check Box A, B or C as applicable:			
<input type="checkbox"/> A. In my opinion the employee is a "qual first employee" and eligible for rehabilitation services at this time according to Minn. Rules 5220.0100, subp. 22.			
<input type="checkbox"/> B. In my opinion the employee is not a qualified employee and "is not" eligible to receive rehabilitation services at this time according to Minn. Rules 5220.0100, subp. 22.			
<input checked="" type="checkbox"/> C. The parties have informed me that they wish to initiate statutory rehabilitation services at this time.			
ATTACH A NARRATIVE REPORT EXPLAINING THE BASIS FOR YOUR DETERMINATION			
25. Date of first in-person or telephone meeting 11/17/2008		QRC Signature or QRC Supervisor (if needed) QRC In-rem Signature (if applicable)	

QRC: This form, along with a narrative report and the Rehabilitation Rights and Responsibilities of the Injured Worker form, must be received by the Department of Labor and Industry within 14 days of the date in Box 25 (the first in-person meeting or the first telephone conference) (Minn. Rule 5220.0110). If the employee is eligible for rehabilitation services, a Rehabilitation Plan (R-2) must be developed and circulated to the parties within 30 days of the initial meeting and filed with the Department within 45 days of the initial meeting (Minn. Rule 5220.0410).

Employee: If you disagree with or have questions about the information provided on this form, you are encouraged to contact the QRC and insurer to discuss any concerns. If your concerns are not resolved, you may call the Department's Benefit Management and Resolution Unit at (651) 264-5032 or 1-800-342-6354 or request a determination by filing a Rehabilitation Request with the Department.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call (651) 204-5000 or 1-800-342-6354 (DIAL-ULI/Voice or TDD (651) 297-4198).

ANY PERSON WHO, WITH INTENT TO DEFRAUD, RECEIVES WORKERS' COMPENSATION BENEFITS TO WHICH THE PERSON IS NOT ENTITLED BY KNOWINGLY MISREPRESENTING, MISSTATING, OR FAILING TO DISCLOSE ANY MATERIAL FACT IS GUILTY OF THEFT AND SHALL BE SENTENCED PURSUANT TO SECTION 60A.52, SUBDIVISION 3.

HR 3001 (R-0)

cc: Employee, Employer, Insurer, and Attorney(s)

Rehabilitation Consultation Report

Dolly Labor

WID: 7654321

DOI: 10/31/2008

On 10/31/2008, Ms. Labor injured her low back while working in a medium duty position as a Loginator at Wiamihere Logistics. Following a period of conservative medical treatment, her treating physician Dr. Bones recommended a two level fusion.

On 11/18/2008, Dr. Bones will perform a L4-S1 anterior/posterior fusion. The doctor stated Ms. Labor would be off work the next 4-6 months dependent upon healing and her ability to participate in physical therapy. Dr. Bones projected eventual sedentary to light duty limitations on a permanent basis.

Through contact with Ms. Sally Forth, H.R. Director at Wiamihere Logistics, the company has laid off several employees due to the economy. Ms. Forth indicated Dolly should be prepared to find a job elsewhere and requested services be initiated on Ms. Labor's behalf.

In consideration of the above, I find Ms. Labor to be a qualified employee. Additionally, Ms. Labor is determined to be a qualified employee in conjunction with her employer's request that rehabilitation services be provided to her.

R-2 Rehabilitation Plan

PRINT IN INK or TYPE
ENTER DATE in MM/DD/YYYY format



DO NOT USE THIS SPACE

1. WID or SSN 7654321		2. DATE OF INJURY 10/31/2008	
3. EMPLOYEE NAME DOLLY LABOR			
4. EMPLOYEE ADDRESS 1001 LOIS LANE			
CITY LINO LAKES	STATE MN	ZIP CODE 55024	5. EMPLOYEE PHONE NUMBER (651) 123-1234
7. EMPLOYER NAME WIAHIERE LOGISTICS		8. EMPLOYER CONTACT SALLY FORTH	9. EMPLOYER PHONE NO. (651) 123-0000
10. INSURER CLAIM NUMBER WC 84221		15. QRC NAME BETTY KANT	
11. INSURER/SELF INSURER/TPA MIDWESTERN SOLUTIONS INSURANCE		16. QRC FIRM KANT REHABILITATION	
12. INSURER ADDRESS 22 TWAIN AVENUE		17. QRC ADDRESS 101 WAYS BOULEVARD	
CITY MINNEAPOLIS	STATE MN	ZIP CODE 54303	18. QRC # 313
13. CLAIM REPRESENTATIVE DFF NII F		14. PHONE NUMBER (651) 222-3344	19. QRC FIRM # 700
21. Occupation at time of injury LOGNATOR		22. Pre injury MWW \$1,204.00	20. QRC PHONE NUMBER (612) 414-4455
23. Occupational demands <input type="checkbox"/> Sedentary <input type="checkbox"/> Light <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Very Heavy		27. Highest grade completed (select one) <input type="checkbox"/> a. No high school diploma or GED <input type="checkbox"/> b. High school diploma or GED <input checked="" type="checkbox"/> c. Some post secondary course work <input type="checkbox"/> d. Post secondary vocational/technical program <input type="checkbox"/> e. Bachelor's degree <input type="checkbox"/> f. Master's, PhD or professional degree	
24. Job at date of injury <input type="checkbox"/> Part time <input checked="" type="checkbox"/> Full time		28. Employee may require an interpreter <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. Employee's current work status <input checked="" type="checkbox"/> a. Off work from DOI to start of rehabilitation <input type="checkbox"/> b. Some work between DOI and start of rehabilitation, not working at start of rehabilitation <input type="checkbox"/> c. Working at start of rehabilitation		29. Date of first consultation (in-person or telephone meeting) (#25 or PCR) 11/17/2008	
26. Vocational goal <input type="checkbox"/> a. RTW same employer <input checked="" type="checkbox"/> b. RTW different employer			

QRC Comments

QRC TO CHECK AND COMPLETE ALL SERVICE AREAS TO BE PROVIDED DURING THIS PLAN

SELECT	SERVICE CATEGORY	DESCRIPTION	PROJECTED COST	PROJECTED COMPLETION DATE
<input checked="" type="checkbox"/>	00 - Rehabilitation Consultation	Consultative cost is listed in the "projected cost" box.	\$600.00	N/A
<input checked="" type="checkbox"/>	01 - Medical Management	Attend appts, treat related complications, etc.	\$600.00	05/17/2009
<input type="checkbox"/>	02 - On-Site Job Analysis			
<input type="checkbox"/>	03 - Coordination of RTW/Same FR			
<input type="checkbox"/>	04 - Job Modification			
<input type="checkbox"/>	05 - Functional Capabilities Evaluation			

SELECT	SERVICE CATEGORY	DESCRIPTION	PROJECTED COST	PROJECTED COMPLETION DATE
<input type="checkbox"/>	06 - Transferable Skills Analysis			
<input type="checkbox"/>	07 - Work Evaluation			
<input type="checkbox"/>	08 - Work Hardening Adjustment			
<input checked="" type="checkbox"/>	09 - Job Seeking Skills Training	Resume dev., interview tech, cold calls, follow-up	\$500.00	05/17/2009
<input type="checkbox"/>	10 - Job Development/Placement			
<input type="checkbox"/>	11 - Post Placement Activity/Follow-up			
<input type="checkbox"/>	12 - Tech/Academic Skills Improvement			
<input checked="" type="checkbox"/>	13 - Vocational Counseling/Guidance	Coord. delivery of services, answer questions, etc.	\$550.00	05/17/2009
<input checked="" type="checkbox"/>	14 - Vocational Testing	GATB, CAI, WRAT, OASYS	\$800.00	05/17/2009
<input type="checkbox"/>	15 - On-the-Job Training			
<input type="checkbox"/>	16 - Labor Market Survey			
<input type="checkbox"/>	17 - Retraining			
<input checked="" type="checkbox"/>	18 - Administrative	Voc Rpts., R-forms, Updates, Phone, etc.	\$450.00	05/17/2009
<input type="checkbox"/>	19 - Prep/Attend Legal Proceeding			
<input checked="" type="checkbox"/>	20 - Expenses/Other	Mileage/parking	\$200.00	05/17/2009
TOTAL PROJECTED COSTS				\$3,700.00
Employee Comments (if any)				

EMPLOYER/INSURER RESPONSIBILITIES: Minn. Stat. 176.102, subd. 9 and Minn. Rule 5220.1900, subp. 1g.

- Review, sign, return the R-2 form within 15 days
- Pay for services reasonably required
- Monitor the costs and timeliness of services

QRC RESPONSIBILITIES: Minn. Stat. 176.102 and Minn. Rules 5220.0100 - .1900.

- The QRC should not file the R-2 form with DLI at the same time it is circulated to the parties.
- The QRC must file the R-2 form and narrative report, at the following time, whichever time comes first: 1) when the parties have all signed it; 2) 15 days after circulation to the parties (or 15 days after recirculation if one of the parties proposed a change in the plan); or 3) 45 days after the first in-person contact with the employee.
- If all signatures are not obtained within the filing deadline, the QRC must file the R-2 form with the signatures they have obtained and with a letter or other evidence the plan was sent to each non-signing party.

EMPLOYEE RESPONSIBILITIES:

- Cooperate with all parties involved and make a good faith effort to participate in the rehabilitation plan.
- Attend scheduled activities and appointments, and adhere to reasonable medical advice.

TO THE PARTIES:

If you disagree with the plan, you have 15 days from the receipt of the proposed plan to resolve the disagreement or object to the proposed plan. The objection must be filed with the Department on a Rehabilitation Request form.

Employee Signature	Date	Claim Representative Signature	Date
QRC Signature	Date	QRC Intern Supervisor Signature	Date
	11/17/2008		

See attachment for confidentiality/privacy warning, alternate forms, fraud warning

R-2 REHABILITATION PLAN INFORMATION

Rehabilitation Plan Privacy and Confidentiality Statement

Private or confidential data you supply on this form will be used to process your workers' compensation claim. The data will be used by department of labor and industry (department staff who have authorized access to the data) and may be used for state investigations and statistics. You may refuse to supply the data, but if you refuse your claim may be delayed or denied, or the form may be returned to you. The data will be made part of the department's file for your claim and may be supplied to anyone who has access to the file or the data by authorization or court order. The employer and insurer for your claim, the office of administrative hearings, the workers' compensation court of appeals, the departments of revenue and health, and the workers' compensation insurance association.

Rehabilitation Form Available

This form is located at <http://www.dhs.gov/acc/acc/compensation.html> and is made available in different formats, such as large print. Braille or audio. To request, call (651) 264-6930 or 1-800-342-5854 (TDD). Or by mail to: TDJ (SS) 257-4198.

Intent to Commit Fraud Statement

Any person who willfully or negligently receives workers' compensation benefits to which the person is not entitled, by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of a crime and shall be sentenced pursuant to Section 60A.52 Sub 3.

INSTRUCTIONS TO QRC COMPLETING THE R-2 REHABILITATION PLAN FORM

Purpose: The rehabilitation plan documents the services proposed to be provided to the employee by the QRC and the responsibility of the QRC, insurer and employee. The form also instructs the parties on how to proceed if there is a dispute regarding the plan, and gives information about data privacy and confidentiality. See Minn. Rule 6220.0410.

Instructions: Items 24-28

Enter information about the job the employee held at time of injury and the physical demands of the job. See Dictionary of Occupational Titles physical demands and strength ratings description.

Service Codes and Descriptions:

The Rehabilitation Consultation service category has been pre-checked. Enter the RCR invoice total in the box marked "Projected Cost."

Check only the services to be provided during the R-2 plan period. In the description column specify the activities to be performed within the service category. Enter the projected cost and projected number of days for each of the services.

Responsibility Section: Review these instructions with the employee.

Signature Block: QRC, employee and insurer representative sign here. If a QRC member is completing the R-2 form, the supervisor must also sign the form before it is forwarded to the parties for their review.

Dictionary of Occupational Titles: Definition Trailer Abridged

STRENGTH RATING (Strength): The Physical Demands Strength Rating reflects the estimated overall strength requirement of the job, expressed in terms of the letter corresponding to the particular strength rating. It represents the strength requirements which are considered to be important for average, successful work performance.

S- Sedentary Work - Exerting up to 10 pounds of force occasionally (Occasionally: activity or exertion exists up to 1/3 of the time) and/or a negligible amount of force frequently (Frequently: activity or exertion exists from 1/3 to 2/3 of the time) to lift, carry, push, pull, or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and a higher sedentary criteria are met.

L- Light Work - Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly (Constantly: activity or exertion exists 2/3 or more of the time) to move objects. Physical demand requirements are in excess of those for Sedentary Work. Even though the weight lifted may be only a negligible amount, a job should be rated Light Work (1) when it involves walking or standing for a significant degree of time; (2) when it requires sitting most of the time but entails pushing and/or pulling of arm or leg controls; and/or (3) when the job requires working at a production rate entailing the constant pushing and/or pulling of materials even though the weight of those materials is negligible. (NOTE: the constant stress and strain of maintaining a production rate pace, especially in an industrial setting, can be and is physically demanding on a worker even though the amount of force exerted is negligible.)

M- Medium Work - Exerting 20 to 50 pounds of force occasionally, and/or 10 to 25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly to move objects. Physical Demand requirements are in excess of those for Light Work.

H- Heavy Work - Exerting 50 to 100 pounds of force occasionally, and/or 25 to 50 pounds of force frequently, and/or 10 to 20 pounds of force constantly to move objects. Physical Demand requirements are in excess of those for Medium Work.

V- Very Heavy Work - Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects. Physical Demand requirements are in excess of those for Heavy Work. (See http://www.occupationalinfo.org/appendix_1.htm#STRENGTH for additional information).

KANT REHABILITATION

101 Ways Blvd
Tubedone Minnesota 54302

Office: (612) 414-4455
Fax: (612) 414-4000

INITIAL EVALUATION REPORT

Re: Dolly Labor
Claim #: WC 64221
WID: 7654321
DOI: 10/31/2008
Insured: Wiamihere Logistics

11/17/2008
QRC # 313
R-2: 05/17/2009

VOCATIONAL GOAL:

Return to work, different employer, different job.

BACKGROUND:

On 11/10/2008, I received a call from Ms. Dee Nile, Insurance Mutual requesting I provide a rehabilitation consultation to Ms. Dolly Labor. Ms. Nile reported Dolly would undergo a L4-S1 anterior/posterior fusion on 11/18/2008 and it was projected she would be off work more than 13 weeks. As such, Ms. Nile was required to refer Ms. Labor for a rehabilitation consultation.

A call was then placed to Ms. Sally Forth, Wiamihere Logistics. Ms. Forth reported that Ms. Labor's job was at medium duty and there was no sedentary jobs available. She further indicated the company had recently laid off several employees due to the economy. Ms. Forth stated that those individuals had greater seniority than Ms. Labor and would be called back first when business picked up. As such, Ms. Forth recommended Ms. Labor be provided assistance to obtain employment outside of the company.

A call was placed to Ms. Labor and the consultation discussed. We then scheduled a meeting on 11/17/2008 at Dolly's home. A call was then placed to Ms. Nile and message left regarding the consultation date.

On 11/17/2008, I met with Ms. Labor and reviewed the Rights and Responsibilities of the Injured Worker form under the Minnesota workers' Compensation system. Additionally, the rehabilitation consultation was conducted and Dolly's questions answered. Following this, it

was determined that Ms. Labor was a qualified employee an R-2 Rehabilitation Plan was developed.

MEDICAL STATUS:

On 10/31/2008, Ms. Labor stated that she and a co-worker were unloading heavy oversized containers from a truck at the shipping dock. Dolly indicated that as she and her co-worker were carrying a container to a table she tripped forward on some cardboard, which had been left in the aisle. In addition to trying to prevent herself from falling she also continued to hold the container so the contents would not be broken.

Ms. Labor reported feeling a "pulling sensation" in her low back followed by a sharp pain, which dropped Dolly to her knees. Dolly stated that after a few minutes she was able to get up and then reported the injury to her supervisor. Ms. Labor proceeded to complete her shift on job tasks other than unloading the truck.

Ms. Labor stated she went home after work and took extra strength aspirin for her back pain. Dolly indicated that as the night progressed her low back symptoms increased to the point where she needed to go to the Lino Lakes Hospital Emergency Room for treatment. There she met with On-Call Physician Dr. Fixit. The doctor indicated she had a possible lumbar strain/sprain and provided medication for her symptoms. Dr. Fixit indicated that if Dolly's symptoms did not improve after seven days to schedule an appointment with her family doctor.

On 11/03/2008, Ms. Labor met with family physician Dr. Johnson who performed a physical examination and reviewed her past medical history. Based on Dolly's symptoms, the doctor recommended a lumbar MRI scan be performed. Dr. Johnson indicated that he would have the hospital call him with the results and if herniated disks were present that he would refer her to an orthopedic surgeon for an evaluation.

On 11/07/2008, Ms. Labor met with orthopedist Dr. Leonard McCoy who provided a diagnosis of 1) L4-5 degenerative disk with right side herniation, 2) L5-S1 central and right side disk herniation. Dr. McCoy recommended an L4-S1 anterior/posterior fusion be performed. The doctor further indicated Ms. Labor should remain off work through the surgery.

The doctor's office contacted Ms. Nile who approved the surgery. The anterior/posterior fusion was scheduled for 11/18/2008 at the Lino Lakes Hospital.

VOCATIONAL HISTORY:

Ms. Labor reported she has been working for Wiamihere Logistics since 01/23/2003. Her duties as a Loginator is classified as medium duty work. Those tasks involve assisting with integration of information, transportation, inventory, warehousing, material-handling and packaging of materials. This also included handling shipping orders, operation of a flux capacitor tester machine, driving fork trucks, vendor communications, computer entry, customer service, and

meeting production deadlines. In this position Ms. Labor reported an average weekly wage of \$1,204.00 or \$30.10 per hour.

Prior to this, Ms. Labor reported working for Loon Distributing, Roseville, MN for three years. As a dispatcher, Dolly indicated her job duties included coverage for operations manager when he was gone, radio/cell phone communications with truck drivers, assisting with assigned routes, monitoring the delivery of product, handling customer complaints, operating in-house computer system, etc. Dolly stated she left this position earning an average weekly wage of \$769.23.

Ms. Labor stated that prior to the jobs listed above she worked part-time during high school at her father's company assisting with office work, bill collections, running errands and duties as assigned. Dolly reported being paid \$10.00 per hour and that her work schedule fluctuated depending on her school activities.

EDUCATION:

Ms. Labor attended the Anoka-Ramsey Community College Management/Marketing program for one year, while working full time at Loon Distributing. Dolly reported that between the cost of school and time demands that she suspended her program. It is Dolly's goal to eventually finish an AAS Degree in Management/Marketing.

Prior to this, Ms. Labor reported graduating from Tubedone Senior High School, with a diploma, in June 2000.

SOCIAL HISTORY:

Ms. Labor is single and rents an apartment. It was further noted that Dolly owns a car and is located near a bus line.

ECONOMIC FACTORS:

Ms. Labor is currently off work and receiving temporary total disability benefits. Dolly has no other jobs and indicates the workers' compensation benefits are her only source of income.

TRANSFERABLE SKILLS:

Ms. Forth, Wiamihere Logistics stated there are no other positions available to Ms. Labor based on the doctor's projected sedentary to light permanent duty limitations. Due to the high average weekly wage vocational interest and aptitude testing will be performed following her surgery and after she has had an opportunity to brush up on her academic skills. The purpose will be to identify possible job goals for an eventual job search.

EMPLOYMENT BARRIERS:

Dr. McCoy has projected that following the fusion surgery and recovery that Ms. Labor will have permanent sedentary to light physical limitations. Ms. Forth reported that due to the economy and subsequent lay off of employees that there will not be a job for Dolly to return to. The unemployment rate for Hennepin County, where she lives, is currently 7.3%, which will make finding a new job more difficult for someone without a college degree.

RECOMMENDATIONS:

1. Following the 11/18/2008 surgery, I will plan to follow up with Ms. Labor to determine when the post-operative appointment has been scheduled. As it is not clear what medical treatment plan after the surgery is, I will plan to attend the exam with Ms. Labor to determine what it is and inform all parties to avoid any disruption of services.
2. When physically able, for Ms. Labor to participate in academic testing at a local Adult Basic Education program to determine where her current skills are and if needed for her to brush up on her skills in preparation for eventually vocational interest and aptitude testing.
3. An R-2 Rehabilitation Plan has been signed by Ms. Labor. It has been forwarded to Ms. Nile for her review, signature and return. Once returned by Ms. Nile and/or after 15 days, if no objection has been received, I will file the R-2 with DLI.

I enjoyed meeting with Ms. Labor and look forward to assisting her through her medical Recovery and return to work. During this process, if any party has a question in terms of my activities or Dolly's situation, please do not hesitate to contact me.

Submitted by,

Betty Kant,
Qualified Rehabilitation Consultant #313

cc: Dolly Labor
Sally Forth, Wiamihere Logistics
Department of Labor & Industry

November 18, 2008

Ms. Dee Nile
Insurance Mutual
22 Twain Ave
Minneapolis MN 55500

RE: Dolly Labor R-2 Rehabilitation Plan
Claim: WC 64221
WID: 7654321
DOI: 10/31/2008

Dear Ms. Nile:

Enclosed you will find an R-2 Rehabilitation Plan for Ms. Dolly Labor. The plan has a projected completion date of 05/17/2009. I would appreciate your review of the plan and encourage you to let me know if you feel any revisions are necessary.

If you are in agreement with the plan, please sign and return it within the next 15 days. Or, you may choose to not return it and it will be presumed approved according to MN Rules 5220.0410. Should you disagree with the proposed plan please file a Rehabilitation Request for Assistance form with all parties so the issue may be resolved in a timely manner.

Your assistance with this rehabilitation form is greatly appreciated.

Sincerely,

Betty Kant
Qualified Rehabilitation Consultant #313

cc: Dolly Labor
Enc: R-2 Rehabilitation Plan

December 05, 2008

Minnesota Department of Labor & Industry
Workers' Compensation Division
P.O. box 64221
St. Paul, MN 55155-4315

RE: Dolly Labor R-2 Rehabilitation Plan
Claim: WC 64221
WID: 7654321
DOI: 10/31/2008

Dear Department:

Enclosed you will find an R-2 Rehabilitation Plan, which Ms. Labor signed. The rehabilitation plan is presumed approved according to MN Rules 5220.0410 as the insurer did not object or return it.

Should you have any questions please feel free to contact me.

Sincerely,

Betty Kant,
Qualified Rehabilitation Consultant #313

cc: Dolly Labor
Dee Nile, Insurance Mutual
Enc: R-2 Rehabilitation Plan
Letter to Insurer

Placement Reporting

- Communications MN Rules 5220.1802 Subp. 4

At least each 30 days, the registered rehabilitation vendor shall submit all required progress records, required rehabilitation reports and cost information on an employee's case directly to the assigned qualified rehabilitation consultant with copies to the employee, the insurer, and their attorneys, and also to the employer upon the employer's request.

PERFECT PLACEMENT SERVICES

23 Tobin Avenue, Suite 200, Success, MN 55301 (612) 725-1234 Fax: (612) 725-5678

January 31, 2009

Ms. Betty Kant, QRC
Kant Rehabilitation
101 Ways Blvd.
Lubedone, MN 54302

RE: Dolly Labor Placement Report
WFL#: 7654321
DOI: 10/31/2008

Dear Ms. Kant:

Enclosed please find a copy of Ms. Labor's placement activity and our efforts to assist her to secure suitable employment. Dolly and I look forward to meeting with you on February 12th at the Bloomingdale Library at 10:00 AM to discuss her job search and to develop additional job goals.

Enclosed are the costs for the period 01/01/2009 through 01/31/2009:

(09) Job Seeking Skills Training	\$100.00
(10) Job Dev/Placement	\$879.10
(18) Administrative	\$35.46
(20) Expenses	\$17.32
Total:	\$1,031.78

Please feel free to contact me if you have any questions.

Cordially,

Paula Perfect, President
Job Placement Specialist

CC: Dolly Labor
Dor Nile, MST

ENC: Placement Report

Plan Progress Report

MN Rules 5220.0450 Subp. 2. Requirements.

- Just a reminder that a PPR is due 6 months after the R-2 is filed with DLI
- A PPR “does not” take the place of an R-3 to extend the rehabilitation plan – ever.

Mail completed copy to:

Department of Labor and Industry
PO Box 64221
St. Paul, MN 55164-0221
(651) 284-5030 or
1-800-342-5354 (DIAL-DLI)

Plan Progress Report

PRINT IN INK or TYPE
Enter dates in MM/DD/YYYY format.



DO NOT USE THIS SPACE

1. DATE OF THIS REPORT 05/18/2009			
2. WID or SSN 7654321		3. DATE OF INJURY 10/31/2008	
4. EMPLOYEE NAME DOLLY LABOR			
5. EMPLOYEE ADDRESS 1001 LOIS LN			
CITY LINO LAKES	STATE MN	ZIP CODE 55024	6. DATE OF REHABILITATION CONSULTATION: (#27 on R-2) 11/17/2008
7. EMPLOYER NAME WIAHIERE LOGISTICS		8. EMPLOYER CONTACT PERSON SALLY FORTH	9. PHONE NUMBER (651) 123-0000
10. INSURER CLAIM NUMBER WC 64221		15. QRC NAME BETTY KANT	
11. INSURER/SELF-INSURER/TPA INSURANCE MUTUAL		16. QRC FIRM KANT REHABILITATION	
12. INSURER ADDRESS 22 TWAIN AVE		17. ADDRESS 101 WAYS BLVD	
CITY MINNEAPOLIS	STATE MN	ZIP CODE 55000	CITY TUBEDONE
13. CLAIM REPRESENTATIVE DEE NILE		14. PHONE NUMBER (800) 000-9999	18. QRC # 313
		19. QRC FIRM # 0200	20. PHONE NUMBER (612) 999-9999
21. Is the employee released to return to work? <input checked="" type="checkbox"/> Yes, with restrictions <input type="checkbox"/> Yes, without restrictions <input type="checkbox"/> No			Medical report date 05/15/2009
22. Current work status: <input checked="" type="checkbox"/> Not working <input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> Seasonal layoff			If working, is this a temporary job? <input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is the plan still current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24. Costs		Estimated total cost	
Plan costs to date \$3,100.00	+ Other costs necessary to complete plan \$2,972.00	=	\$6,072.00
25. Plan duration from plan filing date (in weeks)		Estimated total duration	
Duration to date 26	+ Expected additional duration to plan completion 26	=	52
26. Do barriers to successful completion of the rehabilitation plan exist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list these on a separate sheet along with the measures to be taken to overcome those barriers, and attach it to this form.			

This form is required to be filed 6 months after filing the R-2 (unless an R-3 is filed 15 days before or after 6 months have passed since the R-2 filing date). See Minn. Rules 5220.0450, subp. 3 A. Send copies to the employee, insurer, and attorney(s). Send to the date-of-injury employer if the goal of the rehabilitation plan is to return to work with that employer.

This material can be made available in different forms, such as large print, Braille, or on a tape. To request call (651) 284-5030 or 1-800-342-5354 (DIAL-DLI)/Voice or TDD (651) 297-4198.

ANY PERSON WHO, WITH INTENT TO DEFRAUD, RECEIVES WORKERS' COMPENSATION BENEFITS TO WHICH THE PERSON IS NOT ENTITLED BY KNOWINGLY MISREPRESENTING, MISSTATING, OR FAILING TO DISCLOSE ANY MATERIAL FACT IS GUILTY OF THEFT AND SHALL BE SENTENCED PURSUANT TO SECTION 609.52, SUBDIVISION 3.

Plan Progress Report - Page 2

Dolly Labor

WID: 7654321

#26

Barriers to successful completion of the rehabilitation plan:

- 1) Ms. Labor's lumbar fusion has healed more slowly than the average patient according to Dr. Bones.
- 2) Due to the economy, the pre-injury employer had to lay off staff. Ms. Forth recommended Ms. Labor find other employment.
- 3) Ms. Labor' work history is limited as she has only worked for two employers. As such, she has few transferable skills. Ms. Labor has expressed concern that she may not find a job that would return her to her high pre-injury wage.

Measures To Be Taken To Overcome These Barriers:

- 1) Dr. Bones has prescribed the use of a bone stimulator to promote bone growth. Additionally, Ms. Labor is participating in physical therapy to strengthen her low back and leg muscles.
- 2) Ms. Labor participated in vocational interest and aptitude testing and in job seeking skills training. Initial job goals have been identified for job search activities. Additionally, Ms. Labor will participate in vocational exploration activities to determine additional job goals.
- 3) Job placement has been initiated to assist Ms. Labor in securing suitable full time employment. The placement specialist will plan to meet with Ms. Labor weekly for the first month and then meet once a month. The next meeting for the QRC, Ms. Labor, and the placement specialist to review job search activities is on 06/22/2009.
- 4) The insurer will be contacted regarding the approval of computer classes to enhance Ms. Labor's transferable skills.

Submitted by,

Betty Kant

Qualified Rehabilitation Consultant #313

cc: Dolly Labor
Dee Nile, Insurance Mutual

R-3 Rehabilitation Plan Amendment

MN Rules 5220.0510 Subp. 1. Reasons for Amendment may include, but aren't limited to:

- New or continuing physical limitations
- EE not participating in the plan
- Need to change the vocational goal
- Projected cost or duration will be exceeded
- EE feels ill-suited for the type of work rehab is being provided for

R-3 Rehabilitation Plan Amendment

PRINT IN INK or TYPE
 ENTER DATES in MM/DD/YYYY format.



DO NOT USE THIS SPACE

1. WID or SSN 7654321		2. DATE OF INJURY 10/31/2008		
3. DATE OF FIRST CONSULTATION IN-PERSON OR TELEPHONE MEETING (#29 on R-2) 11/17/2008				
4. EMPLOYEE NAME DOLLY LABOR		8. QRC NAME BETTY KANT		
5. INSURER/SELF-INSURER/TPA MIDWESTERN SOLUTIONS INSURANCE		9. QRC ADDRESS 101 WAYS BLVD.		
6. INSURER CLAIM NUMBER WC 64221		CITY TUBEDONE	STATE ZIP CODE MN 54302	
7. EMPLOYER NAME WIAMIHERE LOGISTICS		10. QRC # 313	11. QRC FIRM # 0200	
		12. QRC PHONE NUMBER (612) 414-4455		
13. CHANGE OF QRC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. WITHDRAWAL OF QRC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PREVIOUS QRC #		NEW QRC #		
15. PROPOSED AMENDMENT AND RATIONALE (Attach separate sheet as necessary) To extend the rehabilitation plan date & cost. Ms. Labor has been released to RTW w/lims. Job placement services have been initiated. The insurer has also been contacted about computer classes to enhance her skills.				
16. EMPLOYEE COMMENTS (if any)				
17. QRC TO CHECK AND COMPLETE ALL SERVICE AREAS TO BE PROVIDED DURING THE PERIOD COVERED BY THIS R-3				
SELECT	SERVICE CATEGORY	DESCRIPTION	PROJECTED COST	PROJECTED COMPLETION DATE
<input checked="" type="checkbox"/>	01 - Medical Management	Attend med appts., med related communications	\$200.00	11/30/2009
<input type="checkbox"/>	02 - On-Site Job Analysis			
<input type="checkbox"/>	03 - Coordination of RTW/Same ER			
<input type="checkbox"/>	04 - Job Modification			
<input type="checkbox"/>	05 - Functional Capacities Evaluation			
<input type="checkbox"/>	06 - Transferable Skills Analysis			
<input type="checkbox"/>	07 - Work Evaluation			
<input type="checkbox"/>	08 - Work Hardening Adjustment			
<input type="checkbox"/>	09 - Job Seeking Skills Training			
<input checked="" type="checkbox"/>	10 - Job Development/Placement	Vendor-Perfect Placement Services 12-15 hrs	\$2,122.00	11/30/2009
<input type="checkbox"/>	11 - Post Placement Activity/Follow-up			
<input type="checkbox"/>	12 - Tech/Academic Skills Improvement			
<input checked="" type="checkbox"/>	13 - Vocational Counseling/Guidance	Mtg.'s and communications w/EE to rev JS	\$350.00	11/30/2009
<input type="checkbox"/>	14 - Vocational Testing			

SELECT	SERVICE CATEGORY	DESCRIPTION	PROJECTED COST	PROJECTED COMPLETION DATE
<input type="checkbox"/>	15 - On-the-Job Training			
<input type="checkbox"/>	16 - Labor Market Survey			
<input type="checkbox"/>	17 - Retraining			
<input checked="" type="checkbox"/>	18 - Administrative	Voc. rpts., R-forms, Updates, Correspondenc	\$300.00	11/30/2009
<input type="checkbox"/>	19 - Prep/Attend Legal Proceeding			
<input type="checkbox"/>	20 - Expenses/Other			

18. Costs	Plan costs to date \$3,100.00	+	Projected additional costs to completion \$2,972.00	=	Estimated total cost \$6,072.00
19. Plan duration from plan filing date (in weeks)	Weeks to date 26	+	Projected additional weeks to completion 26	=	Estimated total weeks 52

20. Is this form being filed in lieu of a Plan Progress Report (Minn. Rule 5220.0450, subp. A)? ☐ Yes (complete #21-23) ☒ No

21a. Is the employee released to return to work? <input type="checkbox"/> Yes, with restrictions <input type="checkbox"/> Yes, without restrictions <input type="checkbox"/> No	21b. Medical report date
22a. Current work status <input type="checkbox"/> Not working <input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> Seasonal layoff	22b. If working, is this a temporary job? <input type="checkbox"/> Yes <input type="checkbox"/> No

23. Do barriers to successful completion of the rehabilitation plan exist? ☐ Yes ☐ No

If YES: LIST the BARRIERS and MEASURES to be TAKEN to OVERCOME the BARRIERS on a SEPARATE SHEET and ATTACH to this form.

Employee Signature	Date	Claim Representative Signature	Date
QRC Signature	Date 05/18/2009	QRC Intern Supervisor Signature	Date

TO THE PARTIES:

If you disagree with the plan, you have 15 days from receipt of the proposed plan to resolve the disagreement or object to the proposed plan. The objection must be filed with the Department on a Rehabilitation Request form.

Rehabilitation Plan Privacy and Confidentiality Statement

Private or confidential data you supply on this form will be used to process your workers' compensation claim. The data will be used by Department of Labor and Industry (department) staff who have authorized access to the data, and may be used for state investigations and statistics. You may refuse to supply the data, but if you refuse your claim may be delayed or denied, or the form may be returned to you. The data will be made part of the department's file for your claim and may be supplied to: anyone who has access to the file or the data by authorization or court order; the employer and insurer for your claim; the office of administrative hearings; the workers' compensation court of appeals; the departments of revenue and health; and the workers' compensation reinsurance association.

Rehabilitation Form Available

This form is located at www.dli.mn.gov/WC/Wcforms.asp and can be made available in different forms, such as large print, Braille or audio. To request, call (651) 284-5030 or 1-800-342-5354 (DIAL-DLI)/Voice or TDD (651) 297-4198.

Intent to Commit Fraud Statement

Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Section 609.52, Subd. 3.

**INSTRUCTIONS TO QRC
COMPLETING THE R-3 REHABILITATION PLAN AMENDMENT FORM**

This form can be used in several ways and might be filed multiple times during the course of a rehabilitation plan.

To amend a rehabilitation plan:

The QRC or other parties may propose amendments to the current rehabilitation plan for good cause, including, but not limited to:

- Physical limitations interfere with the plan,
- The employee is not participating effectively,
- There is a need to change the vocational goal,
- The projected cost or duration will be exceeded,
- The employee feels ill-suited for the type of work for which rehabilitation is being provided.

When using this form to amend a rehabilitation plan, answer items 1-23. For item 17, check only the services to be provided during this R-3 plan period. For "Description" of the service, identify the activities to be performed within the service category (e.g., attend medical appointments, medical related communication, coordinate medical appointments), then list the "Projected Cost" and "Projected Completion Date" for each of the checked services.

Do not file the R-3 form with DLI at the same time it is circulated to the parties. The form must be filed at one of the following times, whichever comes first: (1) when the parties have all signed it; or (2) 15 days after circulation to the parties (or 15 days after circulation if one of the parties proposed a change in the plan).

If all signatures are not obtained within the filing deadline, file the R-3 form with the signatures that have been obtained along with evidence of the date the plan was sent to each non-signing party.

To file in lieu of a Plan Progress Report:

This R-3 may only be filed instead of the Plan Progress Report if the R-3 is filed within 15 days before or after six months have passed from the date the R-2 rehabilitation plan was filed. This means that by the time the R-3 is filed in lieu of the Plan Progress Report, the parties must already have signed the R-3, or the R-3 must have already been in circulation to the parties for 15 days. If all signatures are not obtained within the filing deadline, include evidence of the date the plan was sent to each non-signing party. (See M.R. 5220.0540, subp. 3(A)).

Complete items 1-23 on the form. For item 17, check only the services to be provided during this R-3 plan period. For "Description" of the service, identify the activities to be performed within the service category (e.g., attend medical appointments, medical related communication, coordinate medical appointments), then list the "Projected Cost" and "Projected Completion Date" for each of the checked services. If the answer to item 23 is Yes, then attach a "separate sheet" listing the employee's name, WID/SSN and date of injury along with the barriers to successful completion of the rehabilitation plan and measures to be taken to overcome the barriers.

To report a change of QRC:

The new assigned QRC must file this form and fill in item 10 with their QRC number. Complete item 13 by indicating "Yes" if approval of a change of QRC is required by Minn. Rule 5220.0710, and the insurer has approved the change. The new QRC must circulate the form for signatures and file it with DLI within 15 days of obtaining the signatures or within 15 days of circulation to the parties with evidence of the date that the plan was sent to each non-signing party.

To withdraw as the QRC:

Use this form to withdraw as the assigned QRC from a rehabilitation file if the insurer has denied further liability for the injury for which rehabilitation services are being provided, and a claim petition, objection to discontinuance, request for an administrative conference, or any other document instigating litigation has been filed on the workers' compensation liability issue.

File this form with DLI and send copies to the parties, including DLI's Vocational Rehabilitation Unit (VRU). Minn. Rules 5220.0510 Subp. 3a(C) and 5220.0510 Subp. 7a(C).

If the QRC elects to withdraw from a rehab file where no litigation is pending on the liability issue, use the R-5 rehabilitation plan closure form in accordance with 5220.0510, subp. 7a(A).

R-3 Rehabilitation Plan Amendment

Change of QRC Within 60 Days.
(MN Rules 5220.0510 Subp. 3a)

- The new QRC shall file an R-3 regarding the change of QRC, services to be provided, etc.

KANT REHABILITATION

101 Ways Blvd., Tubedone, MN 54302 (612) 414-4455 fax: (612) 414-4444

December 07, 2008

Mr. Jimmy Doolittle
200 ABC Avenue
Chilly, MN 55000

RE: Dolly Labor Change of QRC
WID: 7654321
DOI: 10/31/2008

Dear Mr. Doolittle:

Enclosed you will find a copy of the rehabilitation file for Ms. Labor. I believe you will enjoy working with Dolly as she is very motivated to resolve her medical condition and return to work.

With respect to rehabilitation expenses to date, the following was incurred:

Rehabilitation Consultation	\$600.00
Medical Management	\$ 27.30
Vocational Counseling	\$ 72.80
Administrative	\$ 45.50
Expenses	\$ 29.40

Plan costs to date: \$775.00

I wish Ms. Labor a successful return to suitable gainful employment. Should you have any questions please feel to contact me.

Sincerely,

Betty Kant, RN, QRC # 313

CC: Dolly Labor
Dee Nile, MSI

ENC: Employee file

R-3 Rehabilitation Plan Amendment

PRINT IN INK or TYPE
 ENTER DATES in MM/DD/YYYY format.



DO NOT USE THIS SPACE

1. WID or SSN 7654321		2. DATE OF INJURY 10/31/2008		
3. DATE OF FIRST CONSULTATION IN-PERSON OR TELEPHONE MEETING (#29 on R-2) 11/17/2008				
4. EMPLOYEE NAME DOLLY LABOR		8. QRC NAME JIMMY DOOLITTLE		
5. INSURER/SELF-INSURER/TPA MIDWESTERN SOLUTIONS INSURANCE		9. QRC ADDRESS 200 ABC AVENUE		
6. INSURER CLAIM NUMBER WC 64221		CITY CHILLY	STATE ZIP CODE MN 55000	
7. EMPLOYER NAME WIAIHERE LOGISTICS		10. QRC # 1000	11. QRC FIRM # 0300	
		12. QRC PHONE NUMBER (612) 424-0000		
13. CHANGE OF QRC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14. WITHDRAWAL OF QRC <input type="checkbox"/> Yes <input type="checkbox"/> No		
PREVIOUS QRC # 313		NEW QRC # 1000		
15. PROPOSED AMENDMENT AND RATIONALE (Attach separate sheet as necessary) To extend the rehab plan date and cost. Ms. Labor has exercised her right to change QRC's, which has been approved. While off work she will participate in voc testing and job seeking skills training for an eventual job search.				
16. EMPLOYEE COMMENTS (if any)				
17. QRC TO CHECK AND COMPLETE ALL SERVICE AREAS TO BE PROVIDED DURING THE PERIOD COVERED BY THIS R-3				
SELECT	SERVICE CATEGORY	DESCRIPTION	PROJECTED COST	PROJECTED COMPLETION DATE
<input checked="" type="checkbox"/>	01 - Medical Management	Attend med appts, med related communications	\$450.00	02/28/2009
<input type="checkbox"/>	02 - On-Site Job Analysis			
<input type="checkbox"/>	03 - Coordination of RTW/Same ER			
<input type="checkbox"/>	04 - Job Modification			
<input type="checkbox"/>	05 - Functional Capacities Evaluation			
<input type="checkbox"/>	06 - Transferable Skills Analysis			
<input type="checkbox"/>	07 - Work Evaluation			
<input type="checkbox"/>	08 - Work Hardening Adjustment			
<input checked="" type="checkbox"/>	09 - Job Seeking Skills Training	Resume, cvr ltrs, interview tech's, cold calls	\$500.00	02/28/2009
<input type="checkbox"/>	10 - Job Development/Placement			
<input type="checkbox"/>	11 - Post Placement Activity/Follow-up			
<input type="checkbox"/>	12 - Tech/Academic Skills Improvement			
<input checked="" type="checkbox"/>	13 - Vocational Counseling/Guidance	Mtg.'s & discussios to address questions	\$650.00	02/28/2009
<input checked="" type="checkbox"/>	14 - Vocational Testing	WRAT, CAI, Meyers-Briggs, GATB, OASYS	\$600.00	02/28/2009

SELECT	SERVICE CATEGORY	DESCRIPTION	PROJECTED COST	PROJECTED COMPLETION DATE
<input type="checkbox"/>	15 - On-the-Job Training			
<input type="checkbox"/>	16 - Labor Market Survey			
<input type="checkbox"/>	17 - Retraining			
<input checked="" type="checkbox"/>	18 - Administrative	Voc rpts., R-forms, Updates, correspondence	\$300.00	02/28/2009
<input type="checkbox"/>	19 - Prep/Attend Legal Proceeding			
<input checked="" type="checkbox"/>	20 - Expenses/Other	Mileage, postage, etc.		

18. Costs	Plan costs to date \$775.00	+	Projected additional costs to completion \$2,500.00	=	Estimated total cost \$3,275.00
19. Plan duration from plan filing date (in weeks)	Weeks to date 3	+	Projected additional weeks to completion 11	=	Estimated total weeks 14

20. Is this form being filed in lieu of a Plan Progress Report (Minn. Rule 5220.0450, subp. A)? ☐ Yes (complete #21-23) ☒ No

21a. Is the employee released to return to work?	<input type="checkbox"/> Yes, with restrictions	<input type="checkbox"/> Yes, without restrictions	<input type="checkbox"/> No	21b. Medical report date
22a. Current work status	<input type="checkbox"/> Not working	<input type="checkbox"/> Part time	<input type="checkbox"/> Full time	<input type="checkbox"/> Seasonal layoff
				22b. If working, is this a temporary job? <input type="checkbox"/> Yes <input type="checkbox"/> No

23. Do barriers to successful completion of the rehabilitation plan exist? ☐ Yes ☐ No

If YES: LIST the BARRIERS and MEASURES to be TAKEN to OVERCOME the BARRIERS on a SEPARATE SHEET and ATTACH to this form.

Employee Signature	Date	Claim Representative Signature	Date
QRC Signature	Date 12/08/2008	QRC Intern Supervisor Signature	Date 12/10/2008

TO THE PARTIES:

If you disagree with the plan, you have 15 days from receipt of the proposed plan to resolve the disagreement or object to the proposed plan. The objection must be filed with the Department on a Rehabilitation Request form.

Rehabilitation Plan Privacy and Confidentiality Statement

Private or confidential data you supply on this form will be used to process your workers' compensation claim. The data will be used by Department of Labor and Industry (department) staff who have authorized access to the data, and may be used for state investigations and statistics. You may refuse to supply the data, but if you refuse your claim may be delayed or denied, or the form may be returned to you. The data will be made part of the department's file for your claim and may be supplied to: anyone who has access to the file or the data by authorization or court order; the employer and insurer for your claim; the office of administrative hearings; the workers' compensation court of appeals; the departments of revenue and health; and the workers' compensation reinsurance association.

Rehabilitation Form Available

This form is located at www.dli.mn.gov/WC/Wcforms.asp and can be made available in different forms, such as large print, Braille or audio. To request, call (651) 284-5030 or 1-800-342-5354 (DIAL-DLI)/Voice or TDD (651) 297-4198.

Intent to Commit Fraud Statement

Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Section 609.52, Subd. 3.

R-3 Rehabilitation Plan Amendment

Withdrawal of QRC under Denial of Primary Liability to VRU. MN Rules 5220.0510 Subp. 3a (C) and 5220.0510 Subp. 7a (C)

- R-3 completed and filed with DLI - copies are to be sent to all the parties including VRU at DLI
- Attach a copy of IR's written notice denying liability to the R-3

KANT REHABILITATION

101 Ways Blvd., Tubedone, MN 54302 (612) 414-4455 fax: (612) 414-4444

December 07, 2008

Vocational Rehabilitation Unit
Minnesota Dept. of Labor & Industry
PO Box 64223
St. Paul, MN 55164-0223

RE: Dolly Labor - Withdrawal of QRC and Referral to DLI - VRU
WID: 7654321
DOI: 10/31/2008

To Whom It May Concern:

Enclosed you will find a copy of the rehabilitation file for Ms. Labor who was recently issued a notice of primary denial of liability. Ms. Labor reported she has filed a claim petition to overrule the primary denial of liability.

I believe you will enjoy working with Dolly as she is very motivated to resolve her medical condition and return to work. With respect to rehabilitation expenses to date, the following was incurred:

Rehabilitation Consultation	\$600.00
Medical Management	\$ 27.30
Vocational Counseling	\$ 72.80
Administrative	\$ 45.50
Expenses	\$ 29.40

Plan costs to date: \$775.00

I wish Ms. Labor a successful return to suitable gainful employment. Should you have any questions please feel to contact me.

Sincerely,

Betty Kant, RN, QRC # 313

CC: Dolly Labor
Dee Nile, MSI

ENC: Employee file/Summary Report4
R-3
Insurer NOLPD

Mail or fax completed copy to:
 Department of Labor and Industry
 PO Box 64221
 St. Paul, MN 55164-0221
 (651) 284-5030 or 1-800-342-5354 (DIAL-DLI)
 Fax: (651) 284-5731

R-3 Rehabilitation Plan Amendment

PRINT IN INK or TYPE
 ENTER DATES in MM/DD/YYYY format.



DO NOT USE THIS SPACE

1. WID or SSN 7654321		2. DATE OF INJURY 10/31/2008		
3. DATE OF FIRST CONSULTATION IN-PERSON OR TELEPHONE MEETING (#29 on R-2) 11/17/2008				
4. EMPLOYEE NAME DOLLY LABOR		8. QRC NAME BETTY KANT		
5. INSURER/SELF-INSURER/TPA MIDWESTERN SOLUTIONS INSURANCE		9. QRC ADDRESS 101 WAYS BLVD		
6. INSURER CLAIM NUMBER WC 64221		CITY TUBEDONE	STATE MN	
7. EMPLOYER NAME WIAMIHERE LOGISTICS		ZIP CODE 55000		
10. QRC # 313		11. QRC FIRM # 0200	12. QRC PHONE NUMBER (612) 414-4455	
13. CHANGE OF QRC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. WITHDRAWAL OF QRC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
PREVIOUS QRC # 313		NEW QRC # UNKNOWN		
15. PROPOSED AMENDMENT AND RATIONALE (Attach separate sheet as necessary) Ms. Labor was determined to be a qualified employee and then rehab plan developed. The insurer has since issued a primary denial of liability and Ms. Labor has filed a claim petition. The file is being referred to DLI's -VRU				
16. EMPLOYEE COMMENTS (if any)				
17. QRC TO CHECK AND COMPLETE ALL SERVICE AREAS TO BE PROVIDED DURING THE PERIOD COVERED BY THIS R-3				
SELECT	SERVICE CATEGORY	DESCRIPTION	PROJECTED COST	PROJECTED COMPLETION DATE
<input checked="" type="checkbox"/>	01 - Medical Management			
<input type="checkbox"/>	02 - On-Site Job Analysis			
<input type="checkbox"/>	03 - Coordination of RTW/Same ER			
<input type="checkbox"/>	04 - Job Modification			
<input type="checkbox"/>	05 - Functional Capacities Evaluation			
<input type="checkbox"/>	06 - Transferable Skills Analysis			
<input type="checkbox"/>	07 - Work Evaluation			
<input type="checkbox"/>	08 - Work Hardening Adjustment			
<input checked="" type="checkbox"/>	09 - Job Seeking Skills Training			
<input type="checkbox"/>	10 - Job Development/Placement			
<input type="checkbox"/>	11 - Post Placement Activity/Follow-up			
<input type="checkbox"/>	12 - Tech/Academic Skills Improvement			
<input checked="" type="checkbox"/>	13 - Vocational Counseling/Guidance			
<input checked="" type="checkbox"/>	14 - Vocational Testing			

13. CHANGE OF QRC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. WITHDRAWAL OF QRC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PREVIOUS QRC # 313	NEW QRC # UNKNOWN		
15. PROPOSED AMENDMENT AND RATIONALE (Attach separate sheet as necessary)			
Ms. Labor was determined to be a qualified employee and then rehab plan developed. The insurer has since issued a primary denial of liability and Ms. Labor has filed a claim petition. The file is being referred to DLI's -VRU			
16. EMPLOYEE COMMENTS (if any)			

SELECT	SERVICE CATEGORY	DESCRIPTION	PROJECTED COST	PROJECTED COMPLETION DATE
<input type="checkbox"/>	15 - On-the-Job Training			
<input type="checkbox"/>	16 - Labor Market Survey			
<input type="checkbox"/>	17 - Retraining			
<input checked="" type="checkbox"/>	18 - Administrative			
<input type="checkbox"/>	19 - Prep/Attend Legal Proceeding			
<input checked="" type="checkbox"/>	20 - Expenses/Other	Mileage, postage, etc.		

18. Costs	Plan costs to date \$775.00	+	Projected additional costs to completion	=	Estimated total cost \$775.00
19. Plan duration from plan filing date (in weeks)	Weeks to date 3	+	Projected additional weeks to completion	=	Estimated total weeks 3

20. Is this form being filed in lieu of a Plan Progress Report (Minn. Rule 5220.0450, subp. A)? ☐ Yes (complete #21-23) ☒ No

21a. Is the employee released to return to work? <input type="checkbox"/> Yes, with restrictions <input type="checkbox"/> Yes, without restrictions <input type="checkbox"/> No	21b. Medical report date
22a. Current work status <input type="checkbox"/> Not working <input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> Seasonal layoff	22b. If working, is this a temporary job? <input type="checkbox"/> Yes <input type="checkbox"/> No

23. Do barriers to successful completion of the rehabilitation plan exist? ☐ Yes ☐ No

If YES: LIST the BARRIERS and MEASURES to be TAKEN to OVERCOME the BARRIERS on a SEPARATE SHEET and ATTACH to this form.

Employee Signature	Date	Claim Representative Signature	Date
QRC Signature	Date 12/08/2008	QRC Intern Supervisor Signature	Date

TO THE PARTIES:

If you disagree with the plan, you have 15 days from receipt of the proposed plan to resolve the disagreement or object to the proposed plan. The objection must be filed with the Department on a Rehabilitation Request form.

Rehabilitation Plan Privacy and Confidentiality Statement

Private or confidential data you supply on this form will be used to process your workers' compensation claim. The data will be used by Department of Labor and Industry (department) staff who have authorized access to the data, and may be used for state investigations and statistics. You may refuse to supply the data, but if you refuse your claim may be delayed or denied, or the form may be returned to you. The data will be made part of the department's file for your claim and may be supplied to: anyone who has access to the file or the data by authorization or court order; the employer and insurer for your claim; the office of administrative hearings; the workers' compensation court of appeals; the departments of revenue and health; and the workers' compensation reinsurance association.

Rehabilitation Form Available

This form is located at www.dli.mn.gov/WC/Wcforms.asp and can be made available in different forms, such as large print, Braille or audio. To request, call (651) 284-5030 or 1-800-342-5354 (DIAL-DLI)/Voice or TDD (651) 297-4198.

Intent to Commit Fraud Statement

Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Section 609.52, Subd. 3.

Notice of Insurer's Primary Liability Determination

See instructions on reverse side.
PRINT IN INK or TYPE
Enter dates in MM/DD/YYYY format.



DO NOT USE THIS SPACE

☐ **Amended**

WID or SSN 7654321	DATE OF INJURY 10/31/2008	DATE OF DEATH (if applicable)
EMPLOYEE (last, first, mi) LABOR, DOLLY		
EMPLOYER WIAMIHERE LOGISTICS		
INSURER/SELF-INSURER/TPA MIDWESTERN SOLUTIONS INSURANCE		
INSURER CLAIM NUMBER WC 64221		

First date of lost time 10/31/2008	Date employer notified of this lost time 11/01/2008	Initial date of return to work	Average weekly wage at date of injury \$1,204.00
If the initial return to work was followed by a new period of lost time, complete the following information: First date of new period of lost time: _____ Date employer notified of this lost time: _____			

☐ **1. Your claim is ACCEPTED and wage loss benefits will be paid.**

Benefit type: <input type="checkbox"/> Temporary Total (TTD) <input type="checkbox"/> Temporary Partial (TPD) <input type="checkbox"/> Permanent Total (PTD) <input type="checkbox"/> Dependency (DEP)			
Date of payment	Amount of payment	Time period covered with this payment Date from _____ Date through _____	Compensation rate
Any ongoing payments will be made on _____ (day of week) at _____ (weekly, biweekly, etc.) intervals.			
Check all that apply	<input type="checkbox"/> Full wage continuation by the employer under M.S. § 176.221, subd. 9.		
	<input type="checkbox"/> TPD payment made according to the wage loss verification received by the insurer on _____ (date).		
	<input type="checkbox"/> Fatality with dependents. Payment is being made according to dependent information, which must be ATTACHED .		
	<input type="checkbox"/> Fatality with no dependents. Payment is being made to the estate or the Special Compensation Fund.		

☐ **2. Your claim is ACCEPTED. However, wage loss benefits will not be paid at this time for the following reason:**

Check only one	<input type="checkbox"/> A. Injury did not cause lost time from work beyond the three calendar day waiting period. If employee's work schedule is not Monday through Friday, explain: _____
	<input type="checkbox"/> B. Verification of reduced wages for TPD has not been received from the employee or employer.
	<input type="checkbox"/> C. Other reason (include legal and factual basis): _____

☒ **3. Primary liability is DENIED** for the claimed work related ☒ injury and/or ☐ death. (Check one or both)

Reason for denial (include legal and factual basis): ***** See attached *****
--

NAME OF THE PERSON MAKING THIS DETERMINATION (print) DEE NILE	PHONE NUMBER (area code) (651) 222-3344	EXTENSION	DATE SERVED (must be completed) 12/01/2008
---	---	-----------	--

Attachment to NOLPD

Employee: Dolly Labor
Employer: Wiamihere Logistics
Date of Injury: 10/31/2008
Claim Number: WC 64221
WID Number: 7654321

The Employer and insurer deny that the Employee sustained a work related injury on October 31, 2008. The Employee represented to the Employer that she has had a long history of low back complaints (for which she had treated with a chiropractor) and her low back complaints were unrelated to work. The Employee subsequently claimed a work injury on 10/31/2008.

The medical records of that date contain no history of a work related injury. Instead those records indicate that the Employee had had low back complaints for years with multiple episodes which immobilized her to the point there was interference with her activities of daily living. The chiropractic treatment was reportedly without relief. An MRI scan was ordered. The history portion of the scan report indicated low back pain for two years. The first medical reference to a work injury was on 11/05/2008. By that date the Employee was already seeking surgery. It is the position of the Employer and Insurer that the medical history and the representations to the Employer do not support a work injury.

The first notice of an injury was provided to the Employer on November 01, 2008. In reporting the injury, the Employee told the Employer that the medical bills were too high to pay, so she was reporting a work injury.

The insurer has not spoken with the Employee regarding her claim. By November 20, 2008 (prior to the denial), the Employee had already obtained an attorney, and the attorney has not allowed contact with the Employee.

Attached are the medical notes and MRI scan of November 05, 2008 and November 10, 2008.

R-8 Rehabilitation Plan Closure

MN Rules 5220.0510 Subp. 7. Closure report by assigned QRC.

The assigned qualified rehabilitation consultant shall file a rehabilitation plan closure report on a form prescribed by the commissioner within 30 calendar days of knowledge that:

- A. the employee has been steadily working at suitable gainful employment for 30 days or more, or the time period provided for in the plan;*
- B. the employee's rehabilitation benefits have been closed out by an award on stipulation or award on mediation;*

R-8 Rehabilitation Plan Closure (cont'd)

- C. *the employee and insurer have agreed to close the rehabilitation plan;*
- D. *the qualified rehabilitation consultant has been unable to locate the employee following a good faith effort to do so;*
- E. *the employee has died; or*
- F. *the commissioner or a compensation judge has ordered that the rehabilitation plan be closed and there has been no timely appeal of that order.*

Mail or fax completed copy to:

Department of Labor and Industry
PO Box 64221
St. Paul, MN 55164-0221
(651) 284-5030 or 1-800-342-5354
Fax (651) 284-5731

R-8 Notice of Rehabilitation Plan Closure

PRINT IN INK or TYPE
Enter dates in MM/DD/YYYY format.



DO NOT USE THIS SPACE

1. DATE OF FIRST CONSULTATION IN-PERSON OR TELEPHONE MEETING: (#29 on R-2) 11/17/2008					
2. WID or SSN 7654321		3. DATE OF INJURY 10/31/2008		7. INSURER CLAIM NUMBER WC 64221	
4. EMPLOYEE NAME DOLLY LABOR			8. DATE-OF-INJURY EMPLOYER WIAMIHERE LOGISTICS		
5. EMPLOYEE ADDRESS 1001 LOIS LANE			9. QRC NAME BETTY KANT		
CITY LINO LAKES		STATE MN	ZIP CODE 55024	10. QRC # 313	11. QRC FIRM # 0200
				12. QRC PHONE # (612) 414-4455	
6. INSURER/SELF-INSURER/TPA MIDWESTERN SOLUTIONS INSURANCE			13. NAME OF LAST PLACEMENT VENDOR PERFECT PLACEMENT SERVICES		14. VENDOR # 9,376
15. EMPLOYMENT STATUS AT PLAN CLOSURE (check one) <input type="checkbox"/> a. Employee RTW with DOI employer <input checked="" type="checkbox"/> b. Employee RTW with different employer <input type="checkbox"/> c. Released without physical limitations/effects of work injury and is unemployed (Skip to item 21) <input type="checkbox"/> d. Employee not employed – Other (Skip to item 21)			21. REASON FOR REHABILITATION PLAN CLOSURE (check one) (see instructions) <input checked="" type="checkbox"/> a. Plan completed (employee returned to suitable gainful employment) <input type="checkbox"/> b. Award on Stipulation/Mediation <input type="checkbox"/> c. Commissioner or Compensation Judge <input type="checkbox"/> d. Employee and insurer have agreed to close the plan without a stipulation, mediation, or order <input type="checkbox"/> e. Unable to locate employee <input type="checkbox"/> f. Death of employee <input type="checkbox"/> g. QRC withdrawal		
COMPLETE #16-20 IF EMPLOYEE RETURNED TO WORK					
16a. NAME OF EMPLOYER AT PLAN CLOSURE VRU VISION, INC					
16b. EMPLOYER'S PHONE # (651) 430-0000		17. JOB TITLE AT PLAN CLOSURE MATERIAL COORDINATOR			
18. GROSS AWW AT PLAN CLOSURE \$957.00		19. RTW DATE 09/25/2009		22. Did employee have an attorney? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
20a. RETURN TO WORK JOB <input type="checkbox"/> Same job <input type="checkbox"/> Modified job <input checked="" type="checkbox"/> Different job		23. If plan suspended by R-3 or an order, indicate the number of weeks suspended. N/A			
20b. Occupational Demands <input type="checkbox"/> Sed. <input checked="" type="checkbox"/> Light <input type="checkbox"/> Med <input type="checkbox"/> Heavy <input type="checkbox"/> Very Heavy		24. TRAINING SERVICES (check all that apply) <input type="checkbox"/> Retraining Plan Submitted – DLI/OAH Did Not Approve <input type="checkbox"/> Retraining Plan Submitted, Award on Stipulation/Mediation <input type="checkbox"/> Retraining Commenced or Completed <input checked="" type="checkbox"/> Skills Enhancement (i.e., short term classes) <input type="checkbox"/> On-the-Job Training Commenced or Completed			

25. Total number of previous assigned QRCs involved in this Rehabilitation Plan: 0

26. COSTS BY SERVICE AREA AND REHABILITATION PROVIDER

	Prior Placement Firm Costs	Current Placement Firm Costs	Prior QRC Firm Costs	Current QRC Firm Costs
00-Rehab Consultation	N/A	N/A		\$600.00
01-Medical Management	N/A	N/A		\$1,200.00
02-On-Site Job Analysis				
03-Coordination of RTW/Same Employer	N/A	N/A		
04-Job Modification				
05-Functional Capacities Evaluation	N/A	N/A		

	Prior Placement Firm Costs	Current Placement Firm Costs	Prior QRC Firm Costs	Current QRC Firm Costs
06-Transferable Skills Analysis				\$500.00
07-Work Evaluation	N/A	N/A		
08-Work Hardening Adjustment	N/A	N/A		
09-Job Seeking Skills Training	\$250.00			
10-Job Development/Placement	\$4,500.00			\$3,875.00
11-Post Placement Activity/Follow-up				\$250.00
12-Tech/Academic Skills Improvement	N/A	N/A		\$1,100.00
13-Vocational Counseling/Guidance	N/A	N/A		\$1,200.00
14-Vocational Testing				\$650.00
15-On-the-Job Training				
16-Labor Market Survey				
17-Retraining	N/A	N/A		
18-Administrative				\$2,200.00
19-Prep/Attend Legal Proceeding				
20-Expenses/Other				\$1,675.00
TOTAL COSTS OF EACH COLUMN	\$ 4,750.00	\$ 0.00	\$ 0.00	\$ 13,250.00
SUM OF COLUMN TOTALS ABOVE				\$ 18,000.00

By signing and dating this form, I certify that copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry, and if required, to the department's Vocational Rehabilitation Unit (VRU).

QRC SIGNATURE	DATE	QRC INTERN SUPERVISOR SIGNATURE	DATE
	12/04/2009		

EMPLOYEE: IF YOU HAVE QUESTIONS ABOUT THE CLOSURE OF THIS REHABILITATION PLAN, CALL THE DEPARTMENT OF LABOR AND INDUSTRY AT 651-284-5032 OR 1-800-342-5354.

This form is located at www.dli.mn.gov/WC/Wcforms.asp and can be made available in different formats, such as large print, Braille or audio. To request, call (651) 284-5030 or 1-800-342-5354 (DIAL-DLI)/Voice or TDD (651) 297-4798.

R-8 NOTICE OF REHABILITATION PLAN CLOSURE INFORMATION

Purpose: The Notice of Rehabilitation Plan Closure (R-8) form and the summary report document the closure of the Plan. The R-8 is used to document the reason the plan is being closed or suspended, the employee's employment status at Plan closure, and the cost of all rehabilitation services that were provided under the Plan. The transition summary report describes the services that were provided from the beginning to the end of the Plan. Both of these documents must be filed within 30 calendar days of notice of any of the events listed in Minn. Rules 5220.0510, Supp. 7, or when the QRC withdraws under Minn. Rules 5220.0510, Supp. 7a.

Item 19: Employment Status at Plan Closure: Check Box C only if the employee is unemployed and has been released to return to any job without any physical limitations/restrictions of work injury. Identify the documents (i.e. Work Ability form, etc.) that provides the basis for this assertion with the R-8 summary report. Then skip to item 21.

Item 20a: RETURN TO WORK: Enter information about the job where the employee returned to work.

Item 20b: Occupational Demands: For DOT physical demands and strength rating description, see the R-2 Rehabilitation Plan Information sheet.

Item 21: Reason For Rehabilitation Plan Closure

- the employee has been steadily working at suitable gainful employment for 30 days or more in the time period provided for in the plan;
- the employee's rehabilitation benefits have been closed out by an award or stipulation or award on mediation;
- the commissioner or a compensation judge has ordered that the rehabilitation plan be closed and there has been no timely appeal of that order;
- the employee and insurer have agreed to close the rehabilitation plan;
- the QRC has been unable to locate the employee following a good faith effort to do so;
- the employee has died;
- the QRC decides to withdraw after the insurer has provided written notice to the employee, the employee's attorney, the commissioner, and the QRC that the insurer is denying further liability for the injury for which rehabilitation services are being provided. (For 21 g, the QRC must file the R-8 and attach a copy of the insurer's notice of denial, copying appropriate parties, including a separate copy to the Department's Vocational Rehabilitation Unit.)

NOTE: Item 21g does not apply if a claim action, objection to discontinuance, request for an administrative conference, or other document initiating litigation has been filed on this liability issue. If one of these documents has been filed and the QRC decides to withdraw, the QRC shall document the withdrawal by filing a Rehabilitation Plan Amendment (R-3).

Item 23: If the rehabilitation plan was temporarily interrupted by an R-3 (i.e. agreement of the parties) or an order of the department, then indicate the cumulative number of weeks the plan was suspended.

Item 25: Total number of previously assigned QRCs involved in this Rehabilitation Plan: Include yourself and any other QRCs from your firm or another firm who provided services under the plan closed by this R-8 form.

Item 26: Costs By Service Area And Rehabilitation Provider: List the total costs for the individual services provided by rehabilitation provider firms in the applicable spaces. No information is to be listed in the spaces marked "N/A". After this is completed, total each of the four columns and enter the line amounts in "TOTAL COSTS OF EACH COLUMN".

Sum of Column Totals Above: Add the dollar amounts of the four "Total Costs" columns, and place it in the space provided.

ATTACH A CLOSURE REPORT SUMMARIZING SERVICES PROVIDED: Minn. Rule 5220.0510, Supp. 7 F (4).

Send copies of the R-8 to the employee, insurer, and attorney(s). If the insurer is denying further liability, send a separate copy addressed to the Department's Vocational Rehabilitation Unit (VRU).

R-8 Rehabilitation Plan Closure

MN Rules 5220.0510 Subp. 7 (4).

- A summary report of the rehabilitation services provided during the plan - not just the last couple of months of activity. The R-8 form, itself, is not a substitution for the summary report.



SEARCH

go

About DLI Construction Trades and Licensing OSHA Research Wage and Hour Workers' Compensation

- About coverage
- Administrative profile
- Boards, councils
- Claim process
- COMPACT newsletter
- Contact list
- Dispute resolution
- Events
- FAQs
- Forms
- General information
- Posters
- Reports, publications
- Video
- Work comp home

Information for a rehabilitation provider

- **Become a rehabilitation provider**
- **Common benefits and expenses chart** (Excel file, updated February 2010)
- **COMPACT newsletter**
 - **Benefit and provider fee levels effective October 2009**
- **Customer service hotline**
- **Dispute resolution**
- **E-mail lists for DLI updates**
- **Frequently asked questions: rehabilitation provider**
- **Minnesota Rules 5220 Rehabilitation and compensation**
 - **Printable PDF**
- **Minnesota Statutes 176.102 Rehabilitation**
- **Online form submission for QRCs**
- **QRC/vendor lists**
- **Rehabilitation forms**
- **Rehabilitation provider training**
- **Reports, publications**
- **State Vocational Rehabilitation unit (VRU) referral**

Contact & Questions

- Kathy Hanson (651) 284-5299 (or)
Mike Hill (651) 284-5153
- Rehab Form Phone Line (651) 284-5093